



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

July 9, 2007

Rose Murphy, Administrator
Teton House
555 S 3rd West
Rexburg, ID 83440

License #: RC-577

Dear Ms. Murphy:

On April 25, 2007, a Fire Life Safety Survey was conducted at Teton House. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted plan of correction and evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire, Safety, and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY, Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/lj

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program

FILE COPY



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June 6, 2007

Rose Murphy
Residence Director
Teton House
555 S. 5th W.
Rexburg, Idaho 83440

FILE COPY

Dear Ms. Murphy,

I am in receipt of your request dated June 5, 2007 for a 30 day extension.
This office is granting you the request of 30 days. This extension will expire on July 5,
2007.

Please keep me informed as to the progress and expected completion date for the project.

If you have any questions or concerns please feel free to contact me at (208) 334-6626.

Sincerely,

Taylor Barkley
Fire Life Safety and Construction Program

TB/tk



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May 2, 2007

Jennifer Davis, Administrator
Teton House
555 S 3rd West
Rexburg, ID 83440

Dear Ms. Davis:

On April 25, 2007, a life safety code survey was conducted at Teton House. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by May 25, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Grimes", followed by a long horizontal line extending to the right.

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R577	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2007
NAME OF PROVIDER OR SUPPLIER TETON HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 555 S 3RD WEST REXBURG, ID 83440		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on April 25, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



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BUREAU OF FACILITY STANDARDS
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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Teton House	Physical Address 555 S. 3rd West	Phone Number (208) 359-2478
Administrator Rose Murphy	City Rexburg Id	ZIP Code 83440
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 4-25-7

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	410.02	The facility does not have documentation for conducting the required fire drills.		
2.	405.05	The heat detector in the furnace room of the kitchen is hanging down by its wires. Fixed while on site	4-25-7	75
3.	405.05	The kitchen has quick response sprinkler heads mixed with ordinary response heads.		
4.	405.05	The following Areas and rooms have sprinkler heads that have dropped down from the ceiling, leaving several openings where the sprinkler head was originally installed. The rooms and Areas are as follows: Room #125, Room #127, Room #126 in the closet, Room #129, and a dropped head in the corridor of front living Area.		
5.	405.05	The following rooms and Areas have quick response sprinkler heads mixed with ordinary sprinkler heads: Room #131 in the closet, Room #132, Room #133 in the closet, Room #135 in the closet, Room #134 in the closet, and the maintenance room.		

Response Required Date 5-25-7	Signature of Facility Representative 	Date Signed 4/25/07
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ASSISTED LIVING

Non-Core Issues

Punch List

Facility Name Teton House	Physical Address 555 S. 3rd West	Phone Number (208) 359-2478
Administrator Rose Murphy	City Rexburg Id	ZIP Code 83440
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 4-25-7

[illegible]

Response Required Date 5.25.7	Signature of Facility Representative 	Date Signed 4/25/07
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